

16558 U.S. PTO  
042104

PTO/SB/50 (06-03)

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32499 U.S. PTO  
10/829480  
042104

## REISSUE PATENT APPLICATION TRANSMITTAL

Address to:  Mail Stop Reissue Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket No.	4965-000111/REA
	First Named Inventor	Rudolf Bichsel
	Original Patent Number	6,286,417 B1
	Original Patent Issue Date (Month/Day/Year)	September 11, 2001
	Express Mail Label No.	EV 406 076 706 US (4/21/2004)

**APPLICATION FOR REISSUE OF:**  Utility Patent  Design Patent  Plant Patent  
(check applicable box)

APPLICATION ELEMENTS (37 CFR 1.173)		ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/56) <i>(Submit an original, and a duplicate for fee processing)</i>	10. <input type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173(c).	
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	11. <input type="checkbox"/> Original Patent Grant <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55)	
3. <input type="checkbox"/> Specification and Claims in a double column copy of patent format ( <i>amended, if appropriate</i> )	12. <input checked="" type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) <i>(if applicable)</i>	
4. <input checked="" type="checkbox"/> Drawing(s) ( <i>proposed amendments, if appropriate</i> )	13. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
5. <input checked="" type="checkbox"/> Reissue Oath / Declaration (original or copy) (37 C.F.R. 1.175)(PTO/SB/51 or 52)	14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration <i>(if applicable)</i>	
6. <input type="checkbox"/> Power of Attorney	15. <input checked="" type="checkbox"/> Preliminary Amendment	
7. Original U.S. Patent currently assigned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If Yes, check applicable box(es))</i>	16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>	
<input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)	17. <input checked="" type="checkbox"/> Other: <u>Check for \$770.00 (filing fee); Application Data Sheet; certified copy of German Appln. No. 198 10 240.2</u>	
<input type="checkbox"/> 37 C.F.R. 3.73(b) Statement (PTO/SB/96)		
8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table		
9. Nucleotide and/or Amino Sequence Submission <i>(if applicable, all of the following are necessary)</i>		
a. <input type="checkbox"/> Computer Readable Form (CFR)		
b. Specification Sequence Listing on:		
i. <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or		
ii. <input type="checkbox"/> paper		
c. <input type="checkbox"/> Statements verifying identity of above copies		

## 18. CORRESPONDENCE ADDRESS

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NAME (Print/Type)	Christopher M. Brock	Registration No. (Attorney/Agent)	27313
Signature	<i>Christopher M. Brock</i>	Date	April 21, 2004

This collection of information is required by 37 CFR 1.173. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**REISSUE APPLICATION FEE TRANSMITTAL FORM**Docket Number (Optional)  
4965-000111/REA**Claims as Filed - Part 1**

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 6	Total Claims (37 CFR 1.16(j))	(B) 6	**** 0 = * 0 =	X\$ ____ = 0	or	X\$ 770 = 770	
(C) 1	Independent Claims (37 CFR 1.16(i))	(D) 1		X\$ ____ = 0		X\$ 86 = 0	
				Basic Fee (37 CFR 1.16(h)) \$ _____			\$ 770
				Total Filing Fee \$ _____			\$ 770

**Claims as Amended - Part 2**

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	X\$ ____ =	or	X\$ ____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	X\$ ____ =		X\$ ____ =	
					Total Additional Fee \$ _____			OR \$ _____

\* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

\*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

\*\*\* After any cancellation of claims

\*\*\*\* If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

\*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

Applicant claims small entity status. See 27 CFR 1.27.

Please charge Deposit Account No. 08-0750 in the amount of \_\_\_\_\_.  
A duplicate copy of this sheet is enclosed.

The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 08-0750.  
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A check in the amount of \$ 770.00 to cover the filing / additional fee is enclosed.

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April 21, 2004

Date

Christopher M. Brock

Signature of Applicant, Attorney or Agent of Record

27313

Christopher M. Brock

Registration Number, if applicable

Typed or printed name

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